

# CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



Bill Lockyer, Chairman  
*State Treasurer*

## Investment in Mental Health Wellness Grant Program Application

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## General Instructions

Please refer closely to the regulations as you are completing this Application. The regulations, which can be found at <http://www.treasurer.ca.gov/chffa/imhwa/index.asp>, contain a great deal of essential information that is not repeated here including eligibility, instructions for submission of an application, and maximum amounts. All terms that are capitalized in this Application are defined in Section 7113 of the regulations.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application.

The narrative portion of the Application is limited to 25 pages in 12 point font such as Arial or Times New Roman with 1 inch margins. Required forms and attachments are not included in the page limit. Maximum font size does not apply to forms, graphs or footnotes.

# INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM

## A. Summary Information Form Please type all responses.

Total Requested Amount: \$ \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### DESIGNATED LEAD GRANTEE

#### 1. INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: (County or Joint Powers Authority)
ADDRESS:	CITY, STATE AND ZIP:
CONTACT INFORMATION	
FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:      CELL NUMBER:      FAX NUMBER:	EMAIL ADDRESS:

Project Title and/or Project Brief Description (Limited to 20 words)

County(ies) to be served:

Please select all programs to be funded with grant:

☐ Crisis Stabilization      ☐ Crisis Residential      ☐ Mobile Crisis Support

\_\_\_\_\_ beds      \_\_\_\_\_ beds      \_\_\_\_\_ team(s)

(Please insert number of beds and/or teams to be added with the proposed project)

For a Crisis Residential Treatment Program, please indicate the overall cost per bed \$ \_\_\_\_\_

Purpose of Grant: Check all applicable boxes

☐ Purchase of property      ☐ Construction or renovation      ☐ Program startup or expansion costs  
☐ Furnishing equipment      ☐ Information technology      ☐ Mobile Crisis Support Team personnel funding

#### ORGANIZATION TO DELIVER SERVICES (IF KNOWN)

☐ Check box if same as Designated Lead Grantee

NAME OF ORGANIZATION:	ENTITY TYPE:
ADDRESS:	CITY, STATE AND ZIP:

CONTACT INFORMATION		
FIRST AND LAST NAME:	TITLE:	
PHONE NUMBER:      CELL NUMBER:      FAX NUMBER:	EMAIL ADDRESS:	

☐ YES ☐ NO Currently licensed by the California Department of Social Services and in substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.

Please fill out additional Applicants contact information. *Please use space as needed. Copy page if more space is needed.*

## 2. APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: (County, Private Nonprofit Corporation, Public Agency.)
ADDRESS:	CITY, STATE AND ZIP:

## APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:      CELL NUMBER:      FAX NUMBER:	EMAIL ADDRESS:

## 3. APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: (County, Private Nonprofit Corporation, Public Agency.)
ADDRESS:	CITY, STATE AND ZIP:

## APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:      CELL NUMBER:      FAX NUMBER:	EMAIL ADDRESS:

## 4. APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: (County, Private Nonprofit Corporation, Public Agency.)
ADDRESS:	CITY, STATE AND ZIP:

## APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:      CELL NUMBER:      FAX NUMBER:	EMAIL ADDRESS:

## 5. APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: (County, Private Nonprofit Corporation, Public Agency.)
ADDRESS:	CITY, STATE AND ZIP:

## APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:      CELL NUMBER:      FAX NUMBER:	EMAIL ADDRESS:

## SUMMARY OF FUNDING REQUESTED

REQUESTED FUNDING BY PROGRAM	
<b>Program: Crisis Residential Treatment Program</b>	
<b>ELIGIBLE PROJECT COSTS</b>	<b>AMOUNT</b>
Purchase of Real Property	\$
Construction or Renovation	\$
Furnishings or Equipment	\$
Information Technology (not to exceed 1%)*	\$
Program Startup or Expansion Costs (up to three months)	\$
<b>SUB-TOTAL</b>	\$
<b>Program: Crisis Stabilization Program</b>	
<b>ELIGIBLE PROJECT COSTS</b>	<b>AMOUNT</b>
Purchase of Real Property	\$
Construction or Renovation	\$
Furnishings or Equipment	\$
Information Technology (not to exceed 1%)*	\$
Program Startup or Expansion Costs (up to three months)	\$
<b>SUB-TOTAL</b>	\$
<b>Program: Mobile Crisis Support Team Program</b>	
<b>ELIGIBLE PROJECT COSTS</b>	<b>AMOUNT</b>
Purchase of (number )	\$
Furnishings or Equipm	\$
Information Technology (not to exceed 1%)*	\$
Program Startup or Expansion Costs (up to three months)	\$
Personnel	\$
<b>SUB-TOTAL</b>	\$
<b>Total Requested Amount</b>	\$

\* Information Technology hardware and software costs may not exceed 1% of total Project costs except when approved by Authority and only upon submission of justification that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7119 of the regulations.

**Please provide justification for Information Technology costs exceeding 1% of total Project costs:**

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### MAXIMUM GRANT AMOUNTS WORKSHEET

*Please enter each county name and the maximum grant amount that they qualify for and how much they are applying for in this application for Capital Funding and Personnel Funding.*

Until January 1, 2016, Applicants may apply for Capital and Personnel Funding totaling no more than the maximum Grant amounts set forth in Section 7118 of the regulations.

County Name	MAXIMUM ALLOWED GRANT AMOUNT	CAPITAL FUNDING	PERSONNEL FUNDING	Total (Capital + Personnel)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

### **Additional Funding**

If additional funds were made available after January 1, 2016, would you request additional funding?

If so, how much \$ \_\_\_\_\_

Brief description of the project that additional funding would be used for. Another application may be required.

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## **B. Evaluation Criteria**

Applications shall be scored on the criteria set forth in Section 7119 of the regulations:

1. Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration. (Maximum 30 points).
2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, social services, and law enforcement. (Maximum 20 points).
3. Identifies key outcomes and a plan for measuring them. (Maximum 20 points).
4. Project is feasible, sustainable and ready or will be feasible, sustainable and ready within six months of the Final Allocation. (Maximum 30 points).

*Please address each of the criteria set forth in Section 7119, as follows:*

**1. Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration (Maximum 30 points).**

- a. Describe the new or expanded Crisis Stabilization, Crisis Residential and/or Mobile Crisis Support Team Programs to be funded by the Grant and the services within the Programs, including the Target Population(s) to be served. (Maximum 5 points)
- b. Describe the community need existing within the current continuum, including who does and does not receive services now and how the Project will address weaknesses of the current system and build on existing strengths. Please include any available data that reflects community need. (Maximum 3 points)
- c. Quantify and describe how the Project will increase capacity for community based mental health crisis services. (Maximum 7 points)
  - i. Identify the number of Crisis Stabilization and Crisis Residential Treatment beds that will be added.
  - ii. How the number added impacts the Target Population(s) and translates into a number of additional individuals that can be served in the community?
- d. Describe how the Project will expand and improve timely access to community based mental health crisis services. (Maximum 7 points) For example,





- i. Will the hours of existing services be extended?
  - ii. Will there be additional locations where services can be accessed by consumers and their family members?
  - iii. What efforts will be undertaken to timely connect consumers to crisis services from other venues like hospitals?
  - iv. Will there be new outreach provided to families and consumers so they know new or expanded services are available?
  - v. Will cultural, language, and other barriers unique to the community be addressed?
  - vi. Will there be any other efforts undertaken to improve access? Describe.
- e. Describe how the proposed Project will be qualitatively different than crisis services delivered in an institutional setting (such as a hospital emergency room, an in-patient hospital setting or a law enforcement vehicle) and include a description of the proposed staffing, the community setting in which the program will be offered and the building or vehicles in which services will be provided. (Maximum 5 points)
- f. Identify all public and private funding sources to complete the Project and explain efforts undertaken to leverage the funding to be provided by a grant. (Maximum 3 points)

**2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, social services, and law enforcement. (Maximum 20 points).**

- a. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 8 points)
- i. Identify the shortcomings that exist within the continuum and supply any available data that may expand on or further identify the shortcomings.
  - ii. Identify how the Project will improve the existing continuum of care for individuals utilizing mental health crisis services.
  - iii. Indicate whether the Applicant(s) will submit an application to or has received a grant from the Mental Health Oversight and Accountability Commission for triage personnel, and briefly describe.



- b. Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize and expedite access to crisis services for the purpose of avoiding unnecessary hospitalization and incarceration and improving wellness for individuals with mental health disorders and their families. (Maximum 12 points)
- i. An example of an enhancement may include training of local law enforcement, current crisis providers, hospitals and other related providers on how to properly respond to individuals experiencing a mental health crisis.
  - ii. An example of an expansion may include adding a supportive housing provider to the local collaboration for post-crisis residential placements.

**3. Identifies key outcomes and a plan for measuring them. (Maximum 20 points)**

- a. Provide a plan that includes methodology, timeline and assignment of responsibility to measure and demonstrate outcomes of the Project, including the following:
- i. Reduced average disposition time for visits to emergency rooms of local hospitals. (Maximum 2 points)
  - ii. Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 3 points)
  - iii. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment. (Maximum 2 points)
  - iv. Improvements in participation rates by consumers in outpatient mental health services, and case management services, and more placements by outreach workers. (Maximum 2 points)
  - v. Consumers' and/or their family members' (when appropriate) satisfaction with the crisis services the consumer received. (Maximum 2 points)
  - vi. Number of Crisis Residential Treatment and Crisis Stabilization beds and Mobile Crisis Support Team personnel and vehicles added. (Maximum 2 points)
  - vii. Whether the Target Population is being served and other individuals who may be being served. (Maximum 2 points)
  - viii. The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals. An example of such value is: The utilization of Crisis Residential Treatment costs "X" dollars and utilization of inpatient hospitalization would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 3 points)



- ix. The percent of individuals who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital or jail. (Maximum 2 points)

**4. Project is feasible, sustainable, and ready or will be feasible, sustainable and ready within six months of the Final Allocation. (Maximum 30 points)**

- a. Provide a Project timeline, which includes the following details: (Maximum 7 points)
  - i. Key milestones in the future and completed to date, including projected or actual Project start date (such as date of purchase, renovation or lease) and end date (such as date of occupancy).
  - ii. A description of the status of use permits, licensure and/or other approval processes.
  - iii. Staffing status.
  - iv. Projected date of services will begin to be provided to consumers.
  - v. A narrative description of processes that may affect the timeline to start providing services, such as site identification and acquisition, contracting, local use permit process, licensure and certification, and California Environmental Quality Act (CEQA) approval process (*See Attachment E*).
  - vi. A narrative description identifying potential challenges and how those challenges will be mitigated.
- b. Provide funding sources and proposed uses of funding and include a discussion of the following: (*Fill out Attachment B "Sources and Uses Form."*) (Maximum 10 points)
  - i. Describe the amount of funding from funding sources, other than the Grant including the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority.
  - ii. Describe proposed uses of funds:
    - 1. Include a budget for startup costs (not to exceed three months), if applicable.
    - 2. The total uses shall not exceed the total of all available funding sources.



- iii. Describe how the Grant funds, as well as other grants, loans, or internal funds, will be used to ensure Grant funds will not be used for ineligible costs as described in Section 7115 of the regulations.
- c. Provide a means of assessing financial capacity and/or creditworthiness of the Lead Grantee in the form of most recent local government credit rating or three most recent years Audited Financial Statements, which may not contain a Going Concern Qualification. (Maximum 5 points)
- d. Provide a budget that details annual projected operating costs and a description of new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide on-going support for new and expanded services. Include documentation such minutes from the Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. (Maximum 3 points)
- e. Identify the service provider or describe the plan for identifying one, addressing the following: (Maximum 5 points)
  - i. If a service provider that will operate Program(s) has already been identified:
    - 1. Describe written plans and policies in place for the care that will be provided. These include:
      - a. Statement of admission and discharge criteria.
      - b. Psychiatric policies and practices.
      - c. Description of range of services offered.
      - d. Information about the service provider including expertise in mental health care, purpose, goals, and services of the organization.
  - ii. If a service provider is an established service provider licensed by the California Department of Social Services, demonstrate evidence of substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.
  - iii. If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection and timeline for identification that will be or is being utilized to identify and designate a provider or providers of Program services.
- f. Provides details to support the certainty of Medi-Cal certification of Crisis Stabilization or Crisis Residential Treatment Programs, and provides details to support the certainty



of state licensure for Crisis Residential Programs, if any is proposed: (Required, but no points awarded)

- i. Include discussion of how service provider will cooperate and comply with Community Residential Treatment Services Program certification process and any related certification process for any Crisis Stabilization Program proposed.
- ii. Will structured day and evening services will be available seven days a week?
- iii. Will community support systems for consumers be developed to maximize their utilization of non-mental health community resources?
- iv. Will the Program use the residential environment to assist consumers in the acquisition, testing, or refinement of community living and interpersonal skills?
- v. Will services include individual and group counseling, crisis intervention, and planned activities?
- vi. Will counseling include available members of the consumer's family, when indicated in the consumer's treatment or rehabilitation plan?
- vii. Will pre-vocational or vocational counseling be provided?
- viii. Will consumer advocacy, including assisting consumers to develop their own advocacy skills be part of the Program?
- ix. Will the Program include an activity program that encourages socialization within the program and general community, and which links the consumer to resources which are available after leaving the program?



**C. Requirements for Private Nonprofit Corporation Applicants**

If a co-Applicant is a private nonprofit corporation, the private nonprofit corporation must provide the following:

1. A copy of its tax-exemption letter from both the Internal Revenue Service and the Franchise Tax Board.
2. A copy of the most recent license(s), if applicable, or notification of exemption from licensure from the State governmental entity with jurisdiction over the services provided by or facility operated by the private nonprofit corporation.
3. A completed Legal Status Questionnaire for Private Nonprofit Corporations (Attachment D).
4. Three years of most recent Audited Financial Statements.

## ATTACHMENT A

### APPLICATION CERTIFICATION

Please transfer the following certification language onto your letterhead and have the appropriate official sign and date the certification.

- In the case of a county applicant, please have the county secretary sign this certification on behalf of the county board of supervisors or such other authorized county official.
- In the case of a public agency designated by the county or Counties Applying Jointly, please have an authorized officer sign this certification.
- In the case of a private nonprofit corporation designated by a county or Counties Applying Jointly, please have the chairperson of the board or other authorized officer sign this certification.

If more than one Applicant applying for a project, each Applicant must submit an application certification form to certify that all information in the joint application is correct and true to the best of their knowledge and belief.

#### Application Certification:

I, (name of signatory), as (name of position), an authorized officer of (name of institution), certify that, to the best of my knowledge, the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or material omissions may result in the cancellation of the Grant and other actions permitted by law and the Grant Agreement.

(Name of Institution) will cooperate in providing information and/or documentation, including at the time of visits, to assist the Authority in consideration of the Application.

By (Print Name)

Signature

Title

Date

## ATTACHMENT B

### SOURCES AND USES FORM

#### Sources of Funds:

Grant amount requested	\$ _____	( _____ )
Mental Health Services Act (MHSA) funds	\$ ( _____ )	( _____ )
Realignment funds	\$ _____ ( _____ )	( _____ )
Other sources, list (i.e. bank loan*, other grants)	\$ _____	( _____ )
_____	\$ _____	( _____ )
_____	\$ _____	( _____ )
_____	\$ _____	( _____ )
<b>Total Sources</b>	<b>\$ <u>0</u></b>	<b>( <u>0%</u> )</b>

Must equal  
100%

\*If obtaining a bank loan, please name the bank and describe the length and rate of the loan.

#### Uses of Funds:

Purchase real property	\$ _____
Construction or renovation**	\$ _____
Furnishings or equipment	\$ _____
Information technology hardware and software	\$ _____
Program start up or expansion costs	\$ _____
Personnel funding	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
Other costs	\$ _____
<b>Total Uses (must equal Total Sources)</b>	<b>\$ <u>0</u></b>

**\*\* Grantees must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants consult with their legal counsel.**



## ATTACHMENT C

### LEGAL STATUS QUESTIONNAIRE FOR COUNTIES AND PUBLIC AGENCIES

#### 1. Financial Viability

Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the Project or the county/public agency. The disclosure should be limited to actions or investigations in which the county/public agency has been named a party.

Response:

#### 2. Fraud, Corruption, or Serious Harm

Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations pertaining to mental health services and in which the county/public agency or the county's/public agency's officer or personnel has been named a defendant within the past ten years.

Response:

*Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), complaint or filing, and the outcome.*

## ATTACHMENT D

### LEGAL STATUS QUESTIONNAIRE FOR PRIVATE NONPROFIT CORPORATIONS

#### 1. Financial Viability

Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the Project or the private nonprofit corporation. The disclosure should be limited to actions or investigations in which the private nonprofit corporation or the private nonprofit corporation's parent, subsidiary, or affiliate involved in the management, operation or development of the Project has been named a party.

Response:

#### 2. Fraud, Corruption, or Serious Harm

Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations in which the private nonprofit corporation or the private nonprofit corporation's current board member (except for volunteer board members of nonprofit entities), partner, limited liability corporation member, senior officer, or senior management personnel has been named a defendant within the past ten years.

Response:

*Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), complaint or filing, and the outcome.*

## ATTACHMENT E

*Instructions: Please provide the following exhibit for each Project site. This can be completed within six months of award, if not available at time of application.*

### **CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW** **California Health Facilities Financing Authority Checklist**

Grantees must submit documentation demonstrating compliance with Division 13 commencing with Section 21000 of the Public Resources Code (CEQA Requirements) for construction.

If the project is subject to CEQA Requirements, provide the following documentation or justification for each project:

- ☐ Notice of Determination Received (Attach Copy)
- ☐ Notice of Exemption Received (Attach Copy)
- ☐ Other documents evidencing compliance (e.g. permits, local authority approval documents, printed authorizations, OSHPD Plan Review status, etc.)
- ☐ Project is considered a Special Situation (see Title 14 California Code of Regulation, Sections 15180-15190) (Provide written justification of compliance with applicable section.)

Additionally, please provide a listing of the following for these documents:

Name of Agency: \_\_\_\_\_

Date approval given: \_\_\_\_\_

If project is not subject to CEQA Requirements provide a written justification and rationale using one of the following categories:

- ☐ Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulation, Section 15378)
- ☐ Project is Statutorily Exempt (see Title 14 California Code of Regulation, Sections 15260-15285)
- ☐ Project is Categorically Exempt (see Title 14 California Code of Regulation, Sections 15300-15333)



## **CHECKLIST**

### **Make sure you have completed the following tasks:**

- ☐ Used 12 point font such as Arial or Times New Roman in narrative sections (except footnotes and charts).
- ☐ Have 1 inch margins for narrative sections.
- ☐ Remained within 25 pages for the questions and answers to the narrative portion (Evaluation Criteria Narrative), which are identified in the application from pages 1-6.

### **Make sure you have submitted as part of the application each of the following:**

- ☐ Summary Information Form (Pages Form-1 to Form-4)
- ☐ Evaluation Criteria Narrative (Not exceeding 25 pages)
- ☐ Timeline in Criteria #4 (a)
- ☐ Attach additional relevant documentation as described in Criteria #4 (b) (i)
- ☐ Provide a budget as described in Criteria #4 (b) (ii), if applicable
- ☐ Most recent local government rating or three years of most recent audited financial statements as described in Criteria #4 (c)
- ☐ Provide a budget as described in Criteria #4 (d)
- ☐ Attach all requirements for Private Nonprofit Corporation Applicants on page 7
- ☐ Attachment A - Application Certification Letter for all Applicants
- ☐ Attachment B - Sources and Uses Form
- ☐ Attachment C - Legal Status Questionnaire for Counties and Public Agencies
- ☐ Attachment D - Legal Status Questionnaire for Nonprofit Corporations (if applicable)
- ☐ Attachment E - California Environmental Quality Act (CEQA) Review for each project site (if applicable)